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. Samuels, Gauthic Suite 330 225 Franklin Street Boston, MA 02110	t I	any change of address)	AUG 2	Ree(s) Transmittal. The papers. Each additional favor its own certificate. 9 2005 Each Cell Marreby certify that the States Postal Service valdressed to the Mai	is certificate cannot be used al paper, such as an assignme of mailing or transmission. tificate of Mailing or Transis Fee(s) Transmittal is beir with sufficient postage for fil Stop ISSUE FEE address TO (703) 746-4000, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile	
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APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/624,316 TITLE OF INVENTION: S'	07/21/2003 YSTEM AND METHOD FO	DR MASKLESS L	•	Menon HY USING AN ARRAY OF IM	MIT.9922 IPROVED DIFFRACTIVE		
AP.U.N. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	09/01/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
BERMAN, JACK I		2881		250-492200	•		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	Γ (print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an assign	ee is identified below, the	document has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	Institute of T	0,5		Cambridge, Massac			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual 🚨 C	orporation or other private g	roup entity 🚨 Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of	• *			
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Advance Order - # or	Copies		Deposit Acc	Sount Number 19-0079	(enclose an extra	copy of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA			
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Authorized Signature 126 135 192 Date 8/26/7005							
Typed or printed name Matthew E. Connors Registration No. 33,298							
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